

CLAIM FOR DAMAGES



STATE OF TENNESSEE
DIVISION OF CLAIMS ADMINISTRATION
502 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-0202
(615)741-2734 (PHONE)
(615)532-4979 (FAX)

IMPORTANT: All questions should be answered as completely as possible. Attach two (2) estimates of damages to this form. A copy of the investigating police officer's report should be included for any incidents involving motor vehicles.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone (____) _____ Work Phone (____) _____
Are you an employee of the State? _____

DESCRIPTION OF INCIDENT

Date of Occurrence: _____ Time: _____ A.M. P.M.
Location: _____ What State Agency? _____
In what county did this incident occur? _____
Describe the incident (use additional pages if necessary): _____

Describe the damages incurred: _____

Total amount of damages requested: \$ _____

Witness(es) to the incident:

Name: _____ Phone Number (____) _____
Name: _____ Phone Number (____) _____
Name: _____ Phone Number (____) _____
State Official Notified: _____
Title: _____ Phone Number (____) _____

I certify that all the statements contained herein and on any attachments hereto are true and that the injuries and/or damages reported were actually incurred. I also acknowledge that it is a misdemeanor to file a false claim with the Division of Claims Administration.

Claimant's Signature

Date